ERPINGHAM RURAL DISTRICT COUNCIL

REPORT

OF

THE MEDICAL OFFICER OF HEALTH

FOR THE

YEAR ENDED DECEMBER 31ST, 1950.

ERPINGHAM RURAL DISTRICT COUNCIL.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR ENDED 31ST DECEMBER, 1950.

To the Chairman and Members of the Erpingham Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit to you the Annual Report of the Medical Officer of Health for the year ended 31st December, 1950.

Principal Notes on the Year.

The estimated population of the Rural District decreased during the year from 18,630 to 18,370.

The Birth Rate of 13.9 per 1,000 of the population is lower than that for England and Wales as a whole (15.8) but a little higher than that for the Rural District with the populations of Cromer and Sheringham included (12.2).

The Death Rate of 11.1 is close to the figure for England and Wales (11.6) and a little lower than that for the Rural District with the population of Cromer and Sheringham included (12.4). The absence in the returns of deaths from child-birth or from motor vehicle accidents is a satisfactory feature.

Among infectious diseases high returns were received of measles and of whooping cough but apart from these the usual very low incidence was recorded.

The number of cases of tuberculosis on the Register showed a slight decrease to 120 in all. During the year 16 new cases were reported, 13 of them being pulmonary.

Reference is made later in this Report to the numerous cases of vomiting and diarrhoea which occurred during the summer months.

Progress was made with plans for the provision of a piped water supply for the major portion of the district. This, with improved sewage disposal, will be of great benefit.

The importance to health of adequate and accessible sources of artificial light deserves mention. This is not a local authority service.

Housing continues to be, as almost everywhere else in England and Wales, an important and difficult problem.

The Erpingham Rural District.

The Erpingham Rural District lies in North Norfolk; the Smallburgh, St.Faith's and Aylsham, and Walsingham Rural Districts lying to the east, south and west respectively, while the sea lies to the north.

The coast line is some 20 miles long, extending from Mundesley in the east to Cley in the west. As far as Weybourne it is formed by sandy cliffs and beyond it by marshland protected by shingle beaches. Inland the country is for the most part open with much variety of heath, woodland, and land under cultivation. There are few natural barriers.

The climate is bracing. The rainfall is low.

GENERAL STATISTICS.

Area in acres... ... ... 71,000.

Population (Registrar General's estimate)... ... ... 18,370.

Number of inhabited houses.. ... 6,422.

Rateable Value.. ... ... £76,139.

Sum represented by a penny rate. £303.

VITAL STATISTICS.

Births.

		Male	Female	Total
Live Births:	Legitimate	118	123	241
	Illegitimate	8	7	15
	Total	126	130	256

The Birth Rate is 13.9 per 1,000 of the estimated population. 6% of the births were illegitimate.

Still Births:	Legitimate	4	3	7
	Illegitimate	-	-	-
	Total	4	3	7

The Still Birth Rate is 0.31 per 1,000 of the estimated population, or 2.7 of all births.

The Illegitimacy Rate is nil.

Deaths.

The causes of Death were as follows:-

	Male	Female	Total
Tuberculosis of respiratory system	6	2	8
Other tuberculoisis	-	-	-
Syphilitic diseases	1	-	1
Diphtheria	-	-	-
Whooping Cough	-	-	-
Meningococcal Infections	-	-	-
Acute Poliomyelitis	-	-	-
Measles	-	-	-
Other infective and parasitic diseases	1	1	2
Cancer of Stomach	5	5	10
" " Lung and bronchial passages	3	2	5
" " Breast	-	2	2
" " Uterus	-	1	1
Other malignant and lymphatic growths	3	9	12
Leukaemia and aleukaemia	-	-	-
Diabetes	1	2	3
Vascular lesions of the nervous system	21	16	37
Coronary disease and angina	14	17	31
Hypertension with heart disease	1	3	4
Other heart disease	21	10	31
Other circulatory disease	4	2	6
Influenza	-	2	2
Pheumonia	8	2	10
Bronchitis	2	4	6
Other diseases of the respiratory system	-	-	-
Ulcer of stomach and duodenum	1	-	1

	Male	Female	Total
b/f.....	92	80	172
Gastritis, enteritis and diarrhoea	-	-	-
Nephritis and nephrosis	1	1	2
Hyperplasia of prostate	4	-	4
Pregnancy, childbirth and abortion	-	-	-
Congenital malformations	-	1	1
Other diseases and ill defined diseases	19	15	34
Motor vehicle accidents	-	-	-
Suicide	1	-	1
Homicide and operations of war	-	-	-
All other accidents	1	2	3
	118	99	217

The Death Rate is 11.1 per 1,000 of the estimated population.

The causes of death cited above in general follow the usual pattern, diseases of the heart and circulatory system heading the list, followed by cancer. No maternal death occurred in assocation with child birth, nor did a death occur following a street accident.

In children under 1 year of age 8 deaths were reported; of these 5 took place in the first month of life. One such birth was in an illegitimate child and while this can have no statistical significance owing to the smallness of the figures, it may serve as a reminder that the illegitimate child has less chance of survival.

Comparison of Vital Statistics.

	Year.	Erpingham R.D.C.	England & Wales.
Birth Rate.	1950	13.9	15.8
	1949	16.1	16.7
	1948	16.6	17.9
	1947	18.6	20.5
Death Rate.	1950	11.1	11.6
	1949	13.5	11.7
	1948	13.4	10.8
	1947	17.0	12.0
Still Birth Rate.	1950	0.31	0.37
Maternal Mortality.	1950	0.0	0.86
Death Rate of Infants under 1 year.	1950	26.7	29.8

The Birth Rate shows a continuation of its fall from the high war time level, in common with that for England and Wales.

The Death Rate continues to fall as in the rest of England and Wales.

In view of the smallness of the numbers, too much reliance cannot be placed on the figure of 26.7 obtained for the Death Rate in infants under 1 year. It is, however, the lowest yet recorded in the Rural District.

INFECTIOUS DISEASE.

The following table gives in the first column the number of cases of Infectious Disease that were notified in 1950 and in the second the number of cases that would have occurred if the rate for England and Wales had applied:-

Disease.	A.	B.
Acute Pneumonia	-	14
Diphtheria	-	.3
Erysipelas	-	3
Food Poisoning	-	3
Measles	471	154
Meningococcal Infections	-	.5
Paratyphoid	-	.2
Poliomyelitis	1	3
Scarlet Fever	21	27
Smallpox	-	-
Typhoid	-	-
Whooping Cough	94	66
Dysentery	1	
Malaria	1	
Infective Hepatitis	4	

Notifications of Infectious Diseases were, with two exceptions, well below the averages for England and Wales, the two exceptions being measles and whooping cough.
Measles usually occurs with low and high incidence in alternate years and a high total was expected in 1950. The number of cases was, however, exceptional in the County as a whole, and the Rural District fared no worse. The disease was mild and complications were few. No death was reported.

Whooping Cough was also prevalent; the County experienced its worst epidemic for many years. It has recently tended to occur in epidemic form in alternate years, like measles. Immediate complications were rare. It is,however, a debilitating disease.

There was no notification of Acute Pneumonia.

Numerous mild cases of Influenze occurred in the early months of the year. Two deaths were reported. These were in elderly people.

No case of Diphtheria was reported. The results of the Immunisation Campaign are shown in the steady fall in the number of cases in the country as a whole during the last years. In 1941 the number of cases reported was over 50,000 and in 1949 only 1,881.

No case of erysipelas, food poisoning, meningococcal infection or paratyphoid fever was reported.

A single case of poliomyelitis was reported from an International Students' Camp. No further cases occurred. The patient, a Finn, made a good recovery. This one case compares favourably with the rest of the County. In the Administrative County of Norfolk nearly 100 cases were reported. North Norfolk remains one of the least affected areas in the country.

All the 21 cases of Scarlet Fever made interrupted recoveries, the disease being mild.

No cases of smallpox or typhoid fever were reported.

A solitary case of dysentery occurred, in an elderly man.

The five cases of infective hepatitis (formerly reported as catarrhal jaundice) are not of special significance. The condition occurrs occasionally in most localities. The illness seldom lasts for more than a week or two and complications are a rarity. Two of our cases occurred in the same household.

The notification of a case of malaria need cause no alarm since it was not acquired locally. The patient had recently returned from abroad.

Mention must be made of the widespread occurrence during the summer of cases of vomiting and diarrhoea, either separately or in combination. These were reported especially from the villages on the coast, and from Cromer and Sheringham. The earliest cases were reported from the coast villages. All ages and both sexes were affected, but especially women and children and visitors more than residents. The characteristic features of the complaint were a sudden onset, usually at night; a short duration, most commonly of about 24 hours; and a tendency for members of a household to be affected successively at 24-hour intervals. Detailed investigations were made, including examinations of water supplies and foodstuffs, with negative results. There can, however, be little doubt that the illnesses were due to a virus comparable with that of influenza and spread in a similar way. The rarity of a second attack, a characteristic of virus infections, supported this hypothesis.

This type of vomiting and diarrhoea was not uncommon in the summer of 1950 in many parts of England and Wales. It did seem, however, to favour coastal resorts. One cannot help wondering, therefore, whether the virus was not perhaps helped by one or more of the following factors in the case of holidaymakers: - viz. change of food, unaccustomed leisure and, in the case of North Norfolk, a bracing climate.

TUBERCULOSIS.

16 new cases of tuberculosis were notified during the year, 13 of them pulmonary and 3 non-pulmonary. These figures give case rates of 0.71 and 0.36 respectively. The corresponding case rates for the Administrative County of Norfolk are 0.64 and 0.25. There is no significant difference between these two sets of figures.

There were 8 deaths from Pulmonary tuberculosis during the year, giving a death rate of 0.43. This compares with a rate of 0.19 for the Administrative County of Norfolk.

There was no death from non-pulmonary tuberculosis during the year, thus the death rate for tuberculosis of all forms was also 0.43. This compares with a figure of 0.36 for England and Wales as a whole.

The number of cases on the Register on December 31st, 1950 was as follows:-

		Pulmonary.	Non-pulmonary.	Total.
	Male	50	15	65
	Female	40	15	55
	Total	90	30	120

The figures for the previous three years were:-

1949.	Male	57	17	74
	Female	40	13	53
	Total	97	30	127
1948.	Male	57	17	74
	Female	37	18	55
	Total	94	35	129
1947.	Male	56	16	72
	Female	37	21	58
		93	37	130

There is thus little change.

The needs of the tuberculous in this area can be best summarised as more hospital beds and better housing. Treatment in a hospital or sanatorium is more necessary than ever before since the full benefits of modern research cannot in many instances be given at home.

In the country as a whole the increase in beds since 1938 has failed to keep pace with the demand. The length of stay required per patient has nearly doubled whule refusal to accept admission has become a rarity. As a result, the average time of waiting has increased from 2 - 3 to 7 - 9 months. If the recruitment of nurses could be encouraged, some 10% more beds would be made available and effect some improvement. Apart from this, we appear to be held up by the economic factor.

The other need, housing, is intimately related to the former, since the disease is some five times more common in household contacts than in the general population. It is clearly important to give the tuberculous patient residing at home every facility for maintaining a reasonable degree of isolation.

Vaccination with "B.C.G.", a preventive measure widely used on the Continent, has recently been tried out in this country, including Norfolk. It will be some time before its value can be estimated. It is being used in the case of persons who run special risks of contracting the disease, as for instance the staff of sanatoria, and husbands, wives and children of sufferers.

FOOD POISONING.

No case of food poisoning was confirmed during the year, though several suspected cases were investigated.

FOOD AND DRUGS ACT. Milk and Dairies Regulations, 1949. Two instances of infection of milk by brucella abortus were brought to my notice during the year and notces were served on the owners of the herds requiring diversion of the milk for pasteurisation.

No case of abortus fever was notified during the year.

NATIONAL ASSISTANCE ACT, 1948. Sedtion 47. No action was necessary during the year.

HOUSING.

Housing is still, as almost everywhere else in England and Wales, an important and difficult problem. While most of its aspects are widely known and appreciated, perhaps too little attention has been paid to the difficulties of the married couple with no independent home of their own, but whose living conditions would be judged in other ways satisfactory. Such couples would usually fare ill for rehousing under a points scheme. The minor irritations of life under such conditions can in aggregate become a menace to health as will be testified to by many general practitioners.

PUBLIC HEALTH OFFICERS TO THE LOCAL AUTHORITY.

Medical Officer of Health. J.H.F. NORBURY, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H..

The post of Medical Officer of Health is combined with that for Cromer, Sheringham and North Walsham and with the post of Assistant County Medical Officer for Area No.2. of the County of Norfolk.

Chief Sanitary Inspector. G.L. EVATT, M.Inst.H.E., F.F.A.S., M.S.I.A., C.R.S.I..

Additional Sanitary Inspector. W.J.S. PRATT, C.S.I.B..

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

As a result of the National Health Service Act, which came into operation in 1948, Health Services are provided almost entirely by official bodies. There is a limited amount of private practice.

The official bodies are four in number.

(1) The Norfolk Executive Council.
This provides the General Practitioner, Dental Pharmaceutical and Ophthalmic Services.

(2) The Regional Hospital Board.
The country as a whole has been divided into Regions and the Regions into areas for administrative purposes. The Erpingham Rural District lies in the East Anglian Region and the Cromer Area. Cromer and District Hospital is the General Hospital for the area and provides specialist outpatient clinics for patients from anywhere within the area.

The sanatoria at Kelling, near Holt, are also administered by the Regional Hospital Board, as are the Fletcher Convalescent Home at Cromer and the Longacre Maternity Home at West Runton.

At present infectious diseases are treated at East Dereham Isolation Hospital, a distance of some 30 miles from many parts of the district. This cannot be regarded as entirely satisfactory, but the authorities have promised that the former Isolation Hospital, Roughton, near Cromer, will be reopened if there are sufficient cases in the district to warrant it.

(3) The County Council.
The County Council provides, through its various departments:-

(a) The School Medical Service.
All schools in the Area are visited at least once during the year. At these visits a systematic examination of entrants 5, 8 and 10 year olds, and leavers is carried out; arrangemnts are made for the treatment of defects found. All children previously found to have defects are also examined, and any not otherwise due to be examined who appear to require it. Special examinations are made of handicapped children, where necessary in their homes.

Minor Ailment Clinics are held weekly at North Walsham, and fortnightly at Cromer and Sheringham to serve these towns and surrounding districts.

Children not included in a school for any reason are also examined at home. Examination is also made of children when transport to school is believed necessary on medical grounds.

(b) The Maternity and Child Welfare Service.
An Infant Welfare Centre is held monthly at Holt and North Walsham and fortnightly at Cromer and Sheringham.
Village Centres are held monthly at Banningham, Corpusty, Edgefield, Gresham, Matlaske, Northrepps, Roughton, Southrepps and Trimingham.
Immunisation and vaccination are carried out at all centres at least quarterly.

(c) Health Visiting.
All children under 5 are visited regularly in their homes by a Health Visitor. In most cases the duty of Health Visiting is carried out by the local District Nurse-Midwife. She also attends the Welfare Centres in her area and not infrequently assists at neighbouring ones. Children over 5 come under the supervision of the School Nurse.

(d) Midwifery.
This is performed by the District Nurse-Midwives and the general practitioner-obstetricians in the proportion of approximately 2 to 3. In this district the Longacre Maternity Home and Beckham House are available for confinements where domiciliary confinement is considered undesirable.

(e) Home Nursing.
This is carried out by the District Nurse-Midwives under the Norfolk County Nursing Association, who act as agents for the County Council.

(f) Vaccination and Immunisation.
This is carried out by general practitioners acting for the County Council and by the Assistant County Medical Officer. In the case of children facilities are provided at the Infant Welfare Centres and, in the case of immunisation, at the schools as well.

(g) Ambulance Services.
These are carried out by the St. John's Ambulance Brigade, acting as agents for the County Council.

(h) General Measures for the prevention of Illness, Care, and After-Care, including the provision of Nursing Equipment.

(i) Home Helps.

(j) Mental Health Services.

(k) General Welfare Services, under the supervision of the Welfare Officer.
He visits Holt on Friday mornings at 11 a.m. and is available for interview at that time.

4. The Rural District Council.
The District Council, is, as ever, responsible for the control of infectious diseases and environmental health and hygiene, acting mainly through the Medical Officer of Health and the Sanitary Inspectors.

Note. Laboratory Services are provided at the Public Health Laboratory, Bowthorpe Road, Norwich, by the Ministry of Health.

In conclusion I must express my thanks to Mr. Evatt for the invaluable help he has given in the preparation of this report.

I have the honour to be
Your obedient Servant,

J. H. F. NORBURY.

M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.,

SANITARY INSPECTOR'S REPORT.

Complaints received	358
Numbers detected without complaint	86
Nuisances abated	401
Notices served	127
Summonses taken out	-
Convictions	-
Factories and Bakehouses Inspections	52
Filthy houses cleaned..	6
Houses disinfected	30
Overcrowding abated	8
Wells sunk or improved supplies of water	37
Wells closed	-
Wells closed or repaired...	-
Houses connected with the sewer	28
Houses connected with water mains	53
Improvement to sanitary conveniences	21
Samples of water taken for analyses...	27

Administration of the Factory and Workshops Act in connection with Factories, Workshops and Workplaces.

1. Inspection of Factories, Workshops and Workplaces.

Inspections made by the Sanitary Inspector:

Premises.	Inspection.	Written notices.	Prosecutions.
Factories (including Factory Laundries).	40	2	-
Workshops (including Workshop Laundries).	18	-	-
Workplaces (other than Outworkers' premises).	-	-	-

2. Defects found in Factories, Workshops and Workplaces.

Particulars.	Number found.	Number of defects remedied.
-	-	-